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CONFIRMATION NO. 4895

Bib Data Sheet

SERIAL NUMBER 10/792,086	FILING DATE 03/03/2004 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 29917/04000
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APPLICANTS

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** CONTINUING DATA *****

NONE *10/27/05*

** FOREIGN APPLICATIONS *****

NONE *10/27/05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 05/21/2004

** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Signature	<i>M. J. G.</i>	<i>Initials</i>			

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TITLE

Colon hydrotherapy device

FILING FEE RECEIVED 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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